

EXHIBIT 13

REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT INVOLVING VESSELS IN COMMERCIAL SERVICE

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time		
1. Vessel Name MACKENZIE ROSE	2. Vessel Official Number or IMO Number 1098224	3. Date/Time (local) of Occurrence 15 JUNE 2024 - 1630

Section II - Reason for Submitting this Report (Check all that apply)	
4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):	
<div><input type="checkbox"/> One or more deaths</div> <div><input type="checkbox"/> An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties</div> <div><input type="checkbox"/> Damage to property in excess of \$200,000</div> <div><input type="checkbox"/> Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301</div> <div><input type="checkbox"/> Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more</div> <div><input type="checkbox"/> A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321</div> <div><input type="checkbox"/> A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States</div> <div><input type="checkbox"/> A release of a reportable quantity of a hazardous substance into the environment United States</div>	

Section III - Personnel and Testing Information					
5. Individuals Directly Involved in Serious Marine Incident		6. Drug and Alcohol Testing			
5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
MILLER, CHRISTOPHER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	N/A
MORRISEY, JAMES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	N/A
McGRATH, JASON	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	N/A
PORTER, SHARIF	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	N/A
MORRISEY, JARKERIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	

7. Explanation of why test samples were not collected within required timeframes or not at all and/or why testing was not conducted (Required for each "No" checked in columns 6a or 6b)	
IN THE INCEIDENT IN QUESTION FROM 15 JUNE 2024, THERE WAS NO EVIDENCE OF LOSS OF PROPULSION, LOSS OF STEERING OR DAMAGE TO THE VESSEL AND ITS BARGE IN TOW. A DRUG AND ALCOHOL TEST WOULD ONLY BE ADMINISTERED IF THE ABOVE INCIDENTS OCCURED.	

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests	9. Laboratory or Individual Conducting Alcohol Tests
Name: N/A	Name: N/A
Address: N/A	Address: N/A
Telephone: N/A	Telephone: N/A
Email: N/A	Email: N/A

Section IV - Person Making this Report		
10. Name (PRINT) (Last, First, Middle) BALDASSARE, LEONARD N	11. Signature LEONARD N BALDASSARE <small>Digitally signed by LEONARD N BALDASSARE Date: 2024.06.19 08:37:12 -04'00'</small>	12. Date 06/19/2024
13. Title PORT CAPTAIN	14. Address 2581 RICHMOND TERRANCE, STATEN ISLAND, NY 10303	
15. Telephone No. 838-207-2960	16. Email LBALDASSARE@CARVERCOMPANIES.COM	

CARVER 000114

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B

Report of Chemical Testing Following a Serious Marine Incident Involving a Commercial Vessel

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

1. This form, when submitted in conjunction with a CG-2692 or submitted alone, satisfies the requirement found in the Code of Federal Regulations for written reports of chemical drug and alcohol testing of individuals engaged or employed on board a commercial vessel who are identified as being directly involved in serious marine incidents consisting of one or more of the occurrences lists in block 4. Alcohol tests are to be conducted not later than 2 hours (unless there are safety concerns directly related to the casualty that need to be addressed by the individual(s)) and drug test specimens collected not later than 32 hours after a serious marine incident.

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

2. The term "individual Directly Involved in a Serious Marine Incident" means an individual whose order, action, or failure to act is determined to be, or cannot be ruled out as, a causative factor in the events leading to or causing a serious marine incident.

COMPLETION OF THIS FORM

3. In accordance with 46 CFR Subpart 4.06 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.

4. If more than 10 individuals are directly involved in the Serious Marine Incident additional CG-2692Bs should be completed.

5. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. <https://www.uscg.mil/Units/Organization>

6. Upon receipt of a report of chemical test results. The marine employer shall submit a copy of the test results for each person listed in block 5a of this form to the Coast Guard Officer in Charge, Marine Inspection where the CG-2692B was submitted in accordance with 46 CFR §4.06-60(d).

7. Block 6d - Alcohol Test Result: When the alcohol test results are available, the alcohol concentration shall be expressed numerically in percent by weight (i.e. 0.04, 0.10, etc.); otherwise indicate positive for alcohol being present or negative for no alcohol present.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

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BARGE ADDENDUM

Note: This form shall be used to report data on barges causing or sustaining damage in the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Towing Vessel Name
MACKENZIE ROSE

2. Date/Time (local) of Occurrence
15 JUNE 2024- 1620

Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name
WEEKS 281

3b. Barge Official Number
1311242

3c. Barge Flag
USA

3d. Barge Length
200 ☒ feet ☐ meters

3e. Barge Gross Tons
192

3f. Load Condition
☒ Loaded ☐ Empty

3g. Barge Class/Type
OCEAN GOING DECK BARGE

3h. Barge Service or Occupation
DECK BARGE

3i. Name of Barge Owner
WEEKS MARINE

3j. Name of Barge Agent
WEEKS MARINE

3k. Property Damage Estimated Damage Cost(s) to:
Barge: \$ 0
Cargo: \$ 0

Describe the Extent of Property Damage
DISPLACEMENT OF BELTLINE BRIDGE SUPPORT STRUCTURE

4a. Barge Name

4b. Barge Official Number

4c. Barge Flag

4d. Barge Length
☐ feet ☐ meters

4e. Barge Gross Tons

4f. Load Condition
☐ Loaded ☐ Empty

4g. Barge Class/Type

4h. Barge Service or Occupation

4i. Name of Barge Owner

4j. Name of Barge Agent

4k. Property Damage Estimated Damage Cost(s) to:
Barge: \$
Cargo: \$

Describe the Extent of Property Damage

5a. Barge Name

5b. Barge Official Number

5c. Barge Flag

5d. Barge Length
☐ feet ☐ meters

5e. Barge Gross Tons

5f. Load Condition
☐ Loaded ☐ Empty

5g. Barge Class/Type

5h. Barge Service or Occupation

5i. Name of Barge Owner

5j. Name of Barge Agent

5k. Property Damage Estimated Damage Cost(s) to:
Barge: \$
Cargo: \$

Describe the Extent of Property Damage

6a. Barge Name

6b. Barge Official Number

6c. Barge Flag

6d. Barge Length
☐ feet ☐ meters

6e. Barge Gross Tons

6f. Load Condition
☐ Loaded ☐ Empty

6g. Barge Class/Type

6h. Barge Service or Occupation

6i. Name of Barge Owner

6j. Name of Barge Agent

6k. Property Damage Estimated Damage Cost(s) to:
Barge: \$
Cargo: \$

Describe the Extent of Property Damage

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An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

1. This form, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels. Specifically, it provides information on one or more barges that cause or sustain damage as a result of their involvement in a reportable marine casualty. This form may only be used in addition to form CG-2692, never alone.
2. One or More Barges as Part of a Tow. This form shall be used to enter information on all barges that were part of the tow and that caused or sustained damage as a result of the marine casualty reported on the CG-2692.
3. Multiple Anchored or Moored Barges. This form shall be used to enter information on multiple barges that were moored or anchored (such as in a fleeting area) and either cause or sustained damage or broke away and caused or sustained damage during an incident that meets the criteria of a marine casualty required to be reported on a CG-2692.
4. This form should not be use if the incident involves only a single barge while moored or anchored. This type of incident shall be documented as any other vessel using the CG-2692.

COMPLETION OF THIS FORM

5. In accordance with 46 CFR §4.05-10 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.
6. If more than 4 barges caused or sustained damage in the marine casualty additional CG-2692As should be completed necessary to enter the required information for all barges.
7. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. <https://www.uscg.mil/Units/Organization/>

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

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